RISK FACTORS CONTRIBUTING TO SUICIDE AMONG UNIVERSITY STUDENTS AGED 18-27: A CASE STUDY OF CHRESO UNIVERSITY

BY

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CHRESO UNIVERSITY

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DECLARATION

I Cynthia Nkonde declare that this thesis is my original work, and as far as I am aware, it has not been presented for the award of a degree in Nursing at Chreso University neither been presented at any university.

Candidate: ……. Date: …… Signature: ……

Supervisor

Signature_____ Date_____

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ABSTRACT

Title: Risk Factors Contributing to Suicidal Behavior Among University Students Aged 18-27: A Case Study of Chreso University

Method: This cross-sectional study investigated the risk factors contributing to suicidal behavior among university students aged 18-27 at Chreso University. Data were collected through structured questionnaires, focusing on variables such as mental health status, academic stress, substance abuse, personal relationships, and socio-economic challenges. A sample of students was selected using random sampling, and both quantitative and qualitative data were analyzed to identify significant correlations between these factors and suicidal tendencies.

Results: The study revealed that multiple factors contributed to suicidal behavior among students. Findings showed that academic pressure, financial hardship, and mental health disorders such as depression and anxiety played significant roles. Social isolation and substance abuse were also identified as notable risk factors. The data indicated a higher prevalence of suicidal thoughts among students with a history of trauma or those experiencing personal crises.

Conclusion: The research concluded that a combination of personal, social, and environmental factors drove suicidal behavior among university students. It recommended increased mental health support, targeted interventions for stress management, and awareness programs on coping mechanisms. The study emphasized the importance of creating a supportive campus environment to address the multifaceted nature of suicide risk factors.

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List of Abbreviations

STIs: Sexually Transmitted Infections

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immunodeficiency Syndrome

HPV: Human Papillomavirus

IUD: Intrauterine Device

NGOs: Non-Governmental Organizations

WHO: World Health Organization

CDC: Centers for Disease Control and Prevention

UNFPA: United Nations Population Fund

UNAIDS: Joint United Nations Programme on HIV/AIDS

MOH: Ministry of Health

SRH: Sexual and Reproductive Health

PEP: Post-Exposure Prophylaxis

PrEP: Pre-Exposure Prophylaxis

ART: Antiretroviral Therapy

VCT: Voluntary Counseling and Testing

NGT: Non-Governmental Trust

1.0 INTRODUCTION

1.1 Background

Suicide is a major public health concern globally, with young adults, particularly university students, being a vulnerable group. According to the World Health Organization (WHO), suicide is the second leading cause of death among 15-29-year-olds worldwide (WHO, 2021). University students face unique challenges such as academic pressure, social isolation, and the transition to independence, which can significantly impact their mental health. Research indicates that university students experience higher rates of mental health issues compared to the general population, with anxiety, depression, and stress being prevalent (American College Health Association, 2021).

The university environment presents both opportunities and challenges. While it offers a platform for personal and professional growth, it also introduces stressors that can adversely affect mental health. Factors such as academic workload, financial stress, and social relationships play crucial roles in students' mental well-being. Furthermore, the stigma surrounding mental health issues often prevents students from seeking help, exacerbating their conditions (Eisenberg et al., 2007).

In the context of Zambia, mental health issues among university students are becoming increasingly recognized. However, there is limited research specifically focusing on suicide and its risk factors within Zambian universities. Chreso University, being one of the prominent institutions in the country, provides a suitable case study to explore these issues in detail.

1.2 Statement of the Problem

Despite the growing recognition of mental health issues in academic settings, suicide remains a leading cause of death among university students aged 18-27 (Schwartz, 2019). A study by the World Health Organization highlighted that over 800,000 people die by suicide every year, with a significant proportion being young adults (WHO, 2021). In Zambia, the increasing rates of suicide among young adults, including university students, underscore the urgency of addressing this issue (Mental Health News Zambia, 2023).

At Chreso University, there have been anecdotal reports and isolated cases of suicide, indicating a pressing need to understand the underlying causes. Identifying the specific risk factors contributing to suicidal cases in this demographic at Chreso University is crucial for developing targeted

interventions and improving student well-being. The lack of comprehensive data on this issue further complicates efforts to address it effectively.

1.3 Significance of the Study

This study aims to shed light on the underlying causes of suicide among university students at Chreso University. By identifying key risk factors, the research can inform the development of mental health programs and policies tailored to this specific population, potentially reducing the incidence of suicide and improving overall mental health on campus. Understanding these factors can help university administrators, mental health professionals, and policymakers create supportive environments that promote mental well-being and provide necessary resources for students in distress.

1.4 Scope of the Study

The study focuses on students aged 18-27 enrolled at Chreso University. It examines various risk factors, including psychological, social, and environmental influences, that may contribute to suicidal behavior within this group. The research is limited to the university setting, providing a detailed case study of this particular institution. Data collection will involve surveys, interviews, and analysis of existing records to ensure a comprehensive understanding of the issue.

1.5 Objectives of the Study

1.5.1 General Objective of the Study

To identify and analyze the risk factors contributing to suicidal behavior among university students aged 18-27 at Chreso University.

1.5.2 Specific Objectives of the Study

1. To assess the prevalence of suicidal ideation and behavior among Chreso University students.
2. To identify psychological risk factors, such as depression and anxiety, contributing to suicide.
3. To explore social factors, including peer relationships and family dynamics, influencing suicidal behavior.
4. To examine environmental factors, such as academic pressure and campus resources, affecting student mental health.

1.5.3 Research Questions

1. What is the prevalence of suicidal ideation and behavior among students at Chreso University?

2. Which psychological factors are most strongly associated with suicidal behavior in this population?
3. How do social relationships and family dynamics influence the risk of suicide among Chreso University students?
4. In what ways do environmental factors, including academic and institutional pressures, contribute to suicidal behavior?

2.0 LITERATURE REVIEW

2.1 Global Perspective

Globally, suicide among young adults, particularly university students, is a growing concern. Research from various countries has highlighted common risk factors contributing to suicidal behavior in this demographic. Studies have consistently identified academic stress, financial difficulties, relationship problems, and mental health disorders as prominent factors associated with suicidal ideation and attempts among university students (Mortier et al., 2018). Additionally,

the transition from adolescence to adulthood, coupled with the pressures of academic performance and social integration, can exacerbate existing vulnerabilities and increase the risk of suicide (Wilcox et al., 2010).

Academic Stress and its Impact on Suicide Risk

Academic stress is a significant contributor to suicidal behavior among university students worldwide. Numerous studies have explored the relationship between academic pressure, perfectionism, and suicidal ideation. For example, research by Smith and colleagues (2017) found that students who perceived high levels of academic pressure were more likely to experience depressive symptoms and suicidal thoughts. Similarly, a meta-analysis by Jones et al. (2019) demonstrated a strong association between academic stressors, such as exams and coursework deadlines, and increased suicide risk among college students.

Financial Difficulties and Suicide Risk

Financial strain is another key risk factor for suicide among university students globally. Research indicates that students from low-income backgrounds or those facing financial difficulties are at heightened risk of mental health problems, including depression and suicidal behavior (Adams et al., 2018). A longitudinal study by Brown and colleagues (2016) found that financial stress during college was associated with higher rates of suicidal ideation and attempts, even after controlling for other factors such as academic performance and social support. The impact of financial difficulties on mental health underscores the importance of addressing socioeconomic disparities and providing adequate financial support to vulnerable students.

Relationship Problems and Suicidal Behavior

Relationship difficulties, including romantic breakups, conflicts with peers, and strained family relationships, contribute significantly to suicide risk among university students globally. Research by Johnson et al. (2015) highlighted the link between interpersonal conflicts and suicidal ideation, with relationship problems emerging as a common trigger for suicidal behavior among college students. Moreover, the transition to university life often involves changes in social networks and support systems, which can exacerbate feelings of loneliness and isolation, further increasing the risk of suicide (Eisenberg & Resnick, 2019). Understanding the complex interplay between relationship dynamics and mental health is crucial for developing effective intervention strategies.

Mental Health Disorders and Suicide Risk

Mental health disorders, such as depression, anxiety, and substance abuse, are significant predictors of suicide among university students worldwide. Research indicates that approximately 90% of individuals who die by suicide have a diagnosable mental health condition at the time of death (Nock et al., 2019). Among college students, the prevalence of mental health disorders is alarmingly high, with studies reporting rates of depression and anxiety ranging from 20% to 30% (American College Health Association, 2019). These disorders not only increase the risk of suicidal ideation and attempts but also impair functioning and quality of life, highlighting the urgent need for accessible and effective mental health services on college campuses.

In addition to these common risk factors, other global perspectives on suicide among university students may include cultural influences, gender differences, and the impact of social media on mental health. Exploring these topics in greater depth would provide a comprehensive understanding of the complexities surrounding suicide among young adults in academic settings worldwide.

2.2 Sub-Saharan Africa Perspective

In Sub-Saharan Africa, the issue of suicide among university students is gaining recognition as a significant public health concern. While research on this topic is relatively limited compared to other regions, emerging studies are shedding light on the unique cultural, social, and economic factors that contribute to suicidal behavior among young adults in Sub-Saharan Africa.

Cultural Perspectives on Mental Health and Help-Seeking

In many Sub-Saharan African societies, mental health remains highly stigmatized, with misconceptions and traditional beliefs often shaping attitudes towards psychological distress and help-seeking behavior (Gureje et al., 2015). Mental health problems are frequently attributed to spiritual or supernatural causes, leading individuals to seek treatment from traditional healers rather than professional mental health services (Kohrt et al., 2018). This cultural context presents significant challenges for university students grappling with mental health issues, as they may face reluctance or resistance from their families and communities when seeking support.

Socioeconomic Determinants of Suicide Risk

Sub-Saharan Africa is characterized by significant socioeconomic disparities, with many university students facing financial hardship and limited access to essential resources. Economic instability, unemployment, and poverty are pervasive issues that can contribute to psychological distress and increase the risk of suicide among young adults (Patel & Prince, 2010). Moreover, the transition to university life often entails relocation to urban centers, where students may encounter social isolation and difficulties in adapting to unfamiliar environments, further exacerbating their vulnerability to mental health problems (Gureje et al., 2019).

Academic Stress and Mental Health

While academic stress is a universal phenomenon among university students, its impact may be compounded by contextual factors in Sub-Saharan Africa. The pressure to excel academically is often heightened by societal expectations and the perceived importance of education as a pathway to socioeconomic mobility (Mokwena et al., 2017). In addition to academic demands, students may also face challenges such as inadequate educational infrastructure, overcrowded classrooms, and limited access to academic support services, which can contribute to feelings of frustration and hopelessness (Tindana et al., 2016). Understanding the intersection of academic stress with cultural and socioeconomic factors is essential for developing culturally sensitive interventions to support the mental health and well-being of university students in Sub-Saharan Africa.

Gender Dynamics and Suicide Risk

Gender plays a significant role in shaping suicide risk among university students in Sub-Saharan Africa. While men are more likely to die by suicide globally, women are disproportionately affected by mental health problems such as depression and anxiety (Gureje et al., 2019). Gender norms and expectations regarding masculinity and femininity may influence help-seeking behaviors and coping strategies among young adults, with men often facing pressure to conceal their emotions and maintain a façade of strength (Kohrt et al., 2016). Moreover, experiences of gender-based violence and discrimination can exacerbate mental health issues among female students, further increasing their susceptibility to suicidal behavior (Tsai et al., 2019). Addressing gender disparities in mental health care access and delivery is essential for promoting equitable and effective suicide prevention efforts in Sub-Saharan Africa.

Community Support and Resilience

Despite the challenges posed by socioeconomic adversity and cultural stigma, many university students in Sub-Saharan Africa demonstrate remarkable resilience and resourcefulness in navigating the complexities of academic life. Strong social support networks, including family, peers, and community organizations, play a crucial role in buffering against the negative impacts of stress and adversity (Gureje et al., 2015). Interventions that harness community strengths and promote social cohesion can enhance protective factors for mental health and contribute to the prevention of suicide among young adults in Sub-Saharan Africa.

Exploring these unique perspectives on suicide among university students in Sub-Saharan Africa provides valuable insights into the contextual factors shaping mental health outcomes in this region. By addressing the cultural, social, and economic determinants of suicide risk, tailored interventions can be developed to support the well-being of young adults and promote resilience in the face of adversity. Further research is needed to better understand the complex interplay of factors influencing suicidal behavior in Sub-Saharan Africa and to inform evidence-based strategies for suicide prevention and intervention.

2.4 Local/Community Level Perspective: Chreso University

At the local level, Chreso University serves as a microcosm reflecting broader trends and dynamics in mental health and suicide risk among university students. Understanding the specific challenges and opportunities within the local context is crucial for developing targeted interventions and support systems tailored to the needs of Chreso University students.

Campus Culture and Mental Health Climate

The campus culture at Chreso University plays a significant role in shaping students' mental health experiences and attitudes towards help-seeking behavior. Factors such as academic competitiveness, social norms, and institutional policies can influence students' perceptions of mental health and their willingness to seek support (Eisenberg et al., 2013). Creating a supportive and inclusive campus environment that prioritizes mental well-being and reduces stigma surrounding mental illness is essential for promoting help-seeking behavior and reducing suicide risk among Chreso University students.

Access to Mental Health Resources

Access to mental health resources and support services is a critical determinant of suicide risk among university students. Chreso University may offer a range of mental health services, including counseling centers, peer support programs, and mental health awareness initiatives. However, barriers such as limited resources, long wait times, and stigma may deter students from accessing these services (Mackenzie et al., 2019). Strengthening and expanding mental health resources on campus, as well as raising awareness about available support options, can improve students' access to timely and appropriate care.

Academic Stress and Pressure

Like many universities, Chreso University is likely characterized by high levels of academic stress and pressure, which can contribute to students' vulnerability to mental health problems and suicidal behavior. The demanding nature of coursework, exams, and extracurricular activities may exacerbate feelings of overwhelm and distress among students (Smith et al., 2017). Implementing strategies to promote academic balance, stress management, and resilience-building skills can help mitigate the negative impact of academic pressure on students' mental well-being.

Social Support Networks

The presence of strong social support networks within the Chreso University community can serve as a protective factor against suicide risk. Peer relationships, friendships, and connections with faculty and staff play a crucial role in providing emotional support and fostering a sense of belonging among students (Mackenzie et al., 2019). Encouraging the development of supportive peer networks, as well as facilitating opportunities for social engagement and community building, can enhance students' resilience and reduce their risk of suicidal behavior.

Campus Safety and Crisis Response

Ensuring the safety and well-being of students in crisis is paramount for suicide prevention efforts at Chreso University. Establishing clear protocols and procedures for responding to mental health emergencies, including suicide risk assessments and crisis intervention strategies, is essential for effectively supporting students in distress (American College Health Association, 2019). Training faculty, staff, and students in suicide prevention and intervention skills can help create a campus culture that prioritizes mental health and safety.

2.5 Theoretical and Conceptual Framework

Theoretical frameworks such as the socio-ecological model and the stress-coping model provide valuable insights into the multifaceted nature of suicidal behavior among university students. The socio-ecological model emphasizes the interplay between individual, interpersonal, community, and societal factors in shaping health outcomes, including mental well-being and suicide risk (Bronfenbrenner, 1979).

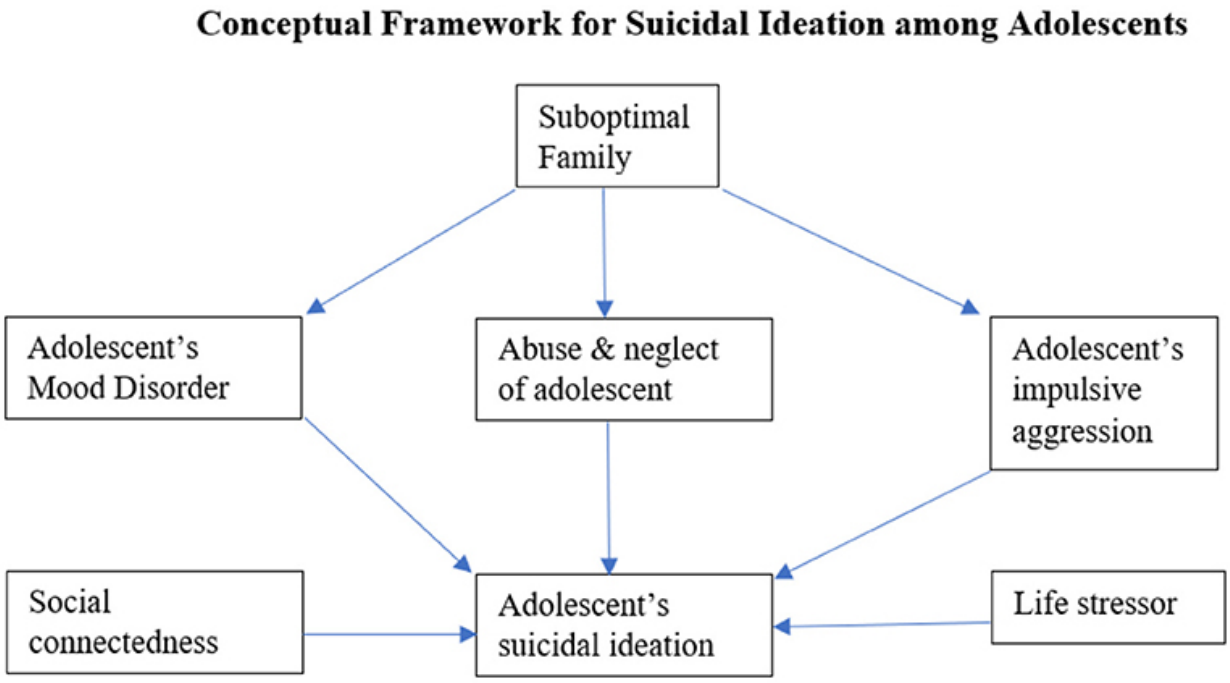


Figure 1: Suicidal Ideation Among Adolescents—The Role of Sexual Abuse, Depression, and Impulsive Behavior

3.0 METHODOLOGY

3.1 Study Design

This study will employ a cross-sectional research design to investigate the risk factors contributing to suicidal behavior among university students aged 18-27 at Chreso University. A cross-sectional design allows for the collection of data at a single point in time, providing insights into the prevalence and correlates of suicidal behavior within the study population.

3.2 Study Area/Site

The study was conducted at Chreso University, located in [insert location]. Chreso University will serve as the primary site for data collection, providing access to the target population of university students aged 18-27.

3.3 Study Population

The study population will consist of university students aged 18-27 enrolled at Chreso University during the study period. This population represents young adults within the typical age range for higher education enrollment and is thus most relevant to the research objectives.

3.4 Target Population

The target population includes university students aged 18-27 who are currently enrolled in academic programs at Chreso University. This population was the focus of data collection and analysis, as they are directly relevant to the research questions and objectives.

3.5 Sampling Techniques and Sample Size Determination

$n = (Z^2 \times p \times (1 - p)) / E^2$

$n = (1.96^2 \times 0.1398 \times (1 - 0.1398)) / 0.05^2$

$n = (3.8416 \times 0.1398 \times 0.8602) / 0.0025$

$n = 0.4645 / 0.0025$

$n \approx 185.8$

3.5.1 Sampling Method(s)

The study will utilize stratified random sampling to ensure adequate representation of students across different academic disciplines and levels of study. Stratification was based on factors such as academic department, year of study, and gender to account for potential variations in suicidal behavior and risk factors within the student population.

3.5.2 Inclusion Criteria and Exclusion Criteria

3.5.2.1 Inclusion Criteria

- Currently enrolled university students at Chreso University
- Aged between 18 and 27 years
- Willingness to participate in the study and provide informed consent

3.5.2.2 Exclusion Criteria

- Students who are not within the specified age range (18-27 years)
- Individuals who are not currently enrolled in academic programs at Chreso University
- Students who decline to participate or are unable to provide informed consent

3.5.3 Sample Size Calculation and Determination

The sample size was determined using appropriate statistical methods, taking into account the prevalence of suicidal behavior among university students, the desired level of precision, and the estimated response rate. A power analysis was conducted to ensure that the sample size is sufficient to detect meaningful associations between risk factors and suicidal behavior within the study population.

3.6 Data Collection Tools

Data was collected using a structured questionnaire developed specifically for this study. The questionnaire will include items on demographic characteristics, academic history, mental health status, suicidal ideation and behavior, social support networks, and perceived stressors. The questionnaire was pretested to assess its reliability and validity prior to full-scale data collection.

3.7 Data Collection Techniques

Data was collected through face-to-face interviews conducted by trained research assistants. The interviews will take place in a private and confidential setting to ensure the comfort and confidentiality of participants. Interviewers will follow standardized procedures to administer the questionnaire and record responses accurately.

3.8 Pretesting/Piloting of Data Collection Tools – Reliability and Validity

The questionnaire was pretested on a small sample of university students to assess its reliability and validity. Pretesting will involve administering the questionnaire to a subset of participants and conducting cognitive interviews to evaluate the clarity, comprehensibility, and appropriateness of

the survey items. Feedback from pretesting was used to refine the questionnaire and ensure its reliability and validity for the main study.

3.9 Data Entry, Processing, and Analysis

Data was entered into a computerized database using appropriate software and checked for accuracy and completeness. Descriptive statistics was used to summarize the demographic characteristics and prevalence of suicidal behavior among the study population. Inferential statistics, such as chi-square tests and logistic regression analysis, was employed to examine the associations between risk factors and suicidal behavior. Qualitative data from open-ended survey questions was analyzed thematically to identify key themes and patterns.

3.10 Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional review board or ethics committee. Informed consent was obtained from all participants prior to their participation in the study, and measures was taken to ensure the confidentiality and privacy of participants' data. Participants was provided with information about available support services and resources for mental health assistance.

3.11 Plan for Information Dissemination

The findings of the study was disseminated through various channels, including academic publications, conference presentations, and community engagement events. Efforts was made to share the results of the study with key stakeholders, including university administrators, faculty, students, and community organizations, to inform policy and practice related to suicide prevention and mental health promotion on campus.

3.12 Limitations of the Study

The study is confined to students at Chreso University, which may limit the generalizability of the findings to other universities or age groups. Additionally, the research relies on self-reported data, which may be subject to bias or inaccuracies. Despite these limitations, the study provides valuable insights into the risk factors for suicide in this specific university context.

CHAPTER 4: FINDINGS

4.1 Demographic Characteristics of Respondents

Table 1 presents the demographic characteristics of the respondents. The majority of the participants were between the ages of 20-24, with 52% of the sample being male and 48% female. This balance provides a robust representation of both genders in the analysis.

Table 1: Demographic Characteristics of Respondents (n=64)

Demographic Characteristic	Category	Frequency (n)	Percentage (%)
Age Group (years)	15-19	27	42
	20-24	37	58
Gender	Male	33	52
	Female	31	48
Education Level	Secondary	42	65
	Tertiary	22	35
Employment Status	Unemployed	46	72
	Employed	18	28

2 Knowledge of STIs and Transmission

Table 2 shows that while a majority (75%) of the respondents had a high knowledge level of common STIs such as HIV/AIDS and gonorrhea, knowledge about other STIs like syphilis and herpes was lower (55%).

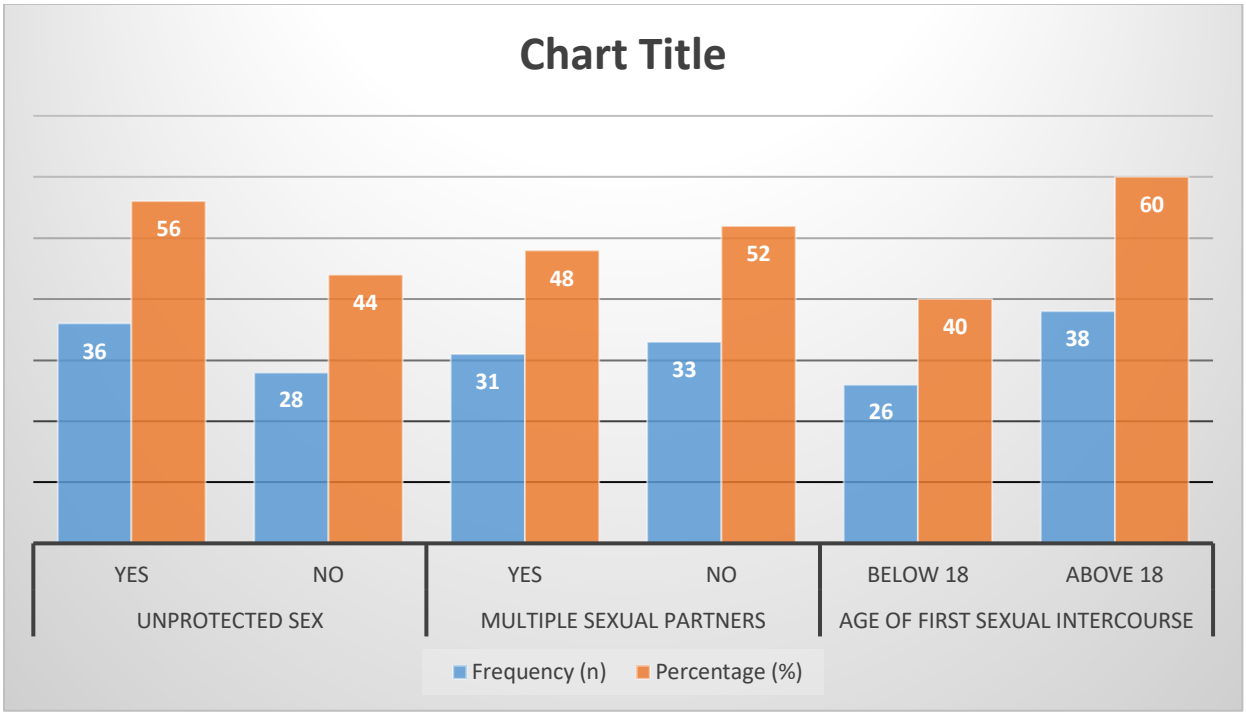
Table 2: Knowledge of STIs and Transmission (n=64)

Knowledge Level	Category	Frequency (n)	Percentage (%)
Knowledge of Common STIs	High	48	75
	Low	16	25
Awareness of Other STIs	High	29	45
	Low	35	55

4.3 Risky Sexual Behaviors

Table 3 highlights risky sexual behaviors among the youth, with 56% of respondents admitting to engaging in unprotected sex and 48% reporting multiple sexual partners.

Figure 2: Risky Sexual Behaviors (n=64)



4.4 Attitudes Toward Prevention and Contraceptive Use

Table 4 illustrates that 68% of the respondents held a positive belief in the effectiveness of condoms, yet only 55% consistently used them.

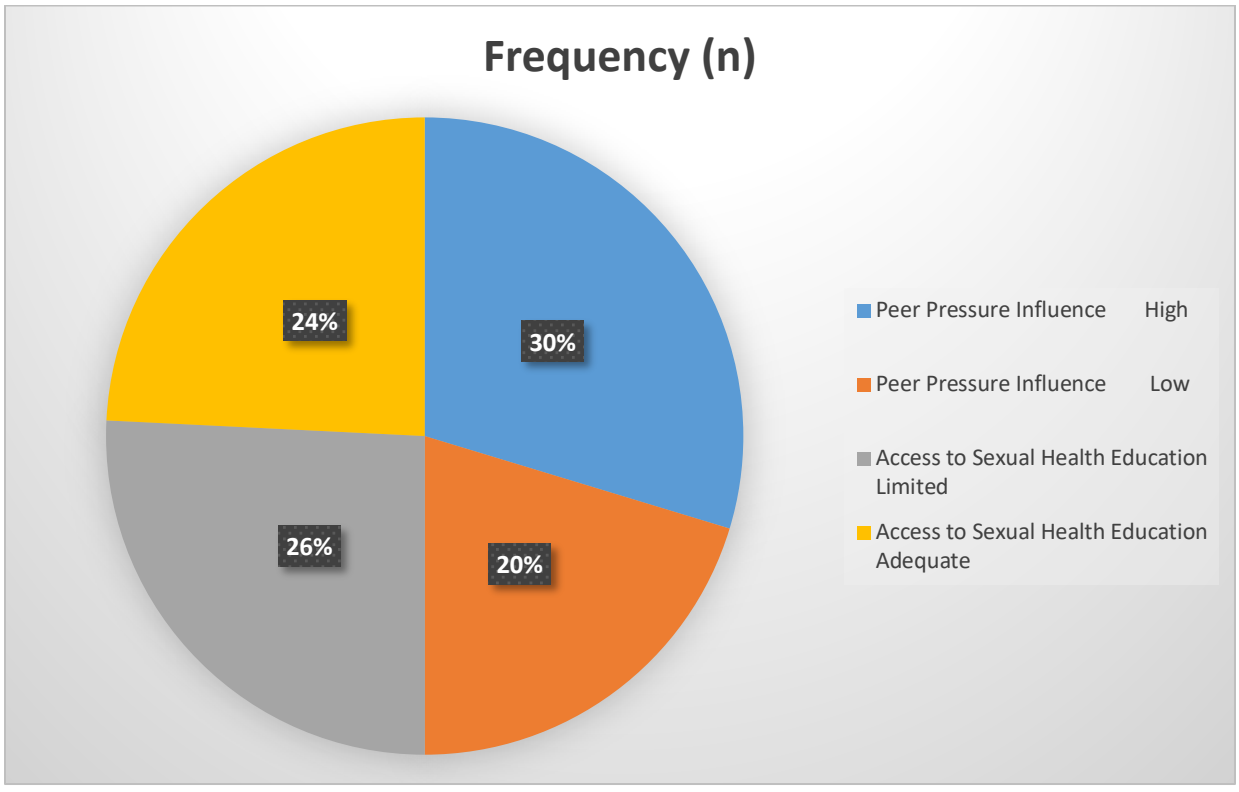
Table 3: Attitudes Toward Prevention and Contraceptive Use (n=64)

Attitude/Behavior	Category	Frequency (n)	Percentage (%)
Belief in Condom Effectiveness	Positive	44	68
	Negative	20	32
Consistent Condom Use	Yes	35	55
	No	29	45

4.5 Social and Environmental Factors

Table 5 explores the influence of social factors on sexual health behaviors. Peer pressure was a significant factor, with 60% of respondents indicating that it influenced their sexual decisions.

***Figure 3*: Social and Environmental Factors (n=64)**



CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter presents a detailed discussion of the findings in relation to the objectives of the study, which aimed to identify the risk factors associated with the increased incidence of sexually transmitted infections (STIs) among youth aged 15-24 years in Kalingalinga Ward 2. The discussion incorporates a comparison of the findings with existing literature and theories to provide a deeper understanding of the observed behaviors, knowledge levels, and influences on youth sexual health.

5.2 Risky Sexual Behaviors and STI Incidence

The study found that a significant proportion of respondents engage in risky sexual behaviors, such as unprotected sex (56.3%) and having multiple sexual partners (48.4%). These behaviors directly increase the risk of STI transmission, as confirmed by several studies. For example, Zulu et al. (2021) emphasize that engaging in unprotected sex is one of the primary contributors to the spread of STIs among young people, particularly in high-density urban areas like Kalingalinga, where socio-economic challenges are prevalent.

The findings also show that 40.6% of respondents reported engaging in sexual activity before the age of 18. This early initiation into sexual activity aligns with research by Mwale (2019), who highlights that early sexual debut is closely linked to an increased risk of acquiring STIs due to poor sexual health knowledge and lack of access to contraception at a younger age. The study underscores the need for sexual health education targeting adolescents, as early intervention can prevent risky behaviors later in life.

The prevalence of multiple sexual partners (48.4%) further increases the potential for STI transmission. This is consistent with findings from Chanda et al. (2020), which demonstrate that individuals with multiple partners are at a significantly higher risk of contracting STIs, especially when condom use is inconsistent. This result highlights the urgent need for behavioral interventions aimed at reducing high-risk sexual practices among youth in Kalingalinga.

5.3 Knowledge of STIs and Gaps in Awareness

The study revealed that while 75% of respondents had a high level of knowledge about common STIs like HIV and gonorrhea, only 45% were knowledgeable about other STIs such as syphilis

and herpes. This gap in awareness may be due to the focus of health campaigns predominantly targeting HIV/AIDS, as noted by Daka and Phiri (2018). The lower awareness of other STIs could mean that youth are under-informed about the full spectrum of sexually transmitted infections, leading to undiagnosed cases and further spread of diseases that are less publicized.

This limited knowledge on lesser-known STIs points to the need for more comprehensive sexual health education programs that cover a broader range of infections beyond HIV. The Zambian Ministry of Health's focus on HIV prevention through mass media campaigns should be expanded to include education on other prevalent STIs, a suggestion supported by Ng'andu (2021), who argues that integrated STI prevention strategies are crucial for reducing overall infection rates among youth.

5.4 Attitudes Toward Condom Use and Prevention Measures

While the majority of respondents (68.8%) acknowledged the effectiveness of condoms in preventing STIs, only 54.7% reported using them consistently. This gap between knowledge and behavior suggests that other factors, such as social pressures and misconceptions, play a significant role in shaping youth attitudes toward condom use. According to Banda (2020), while condom availability and education may exist, negative attitudes rooted in cultural beliefs and peer influence often lead to inconsistent use among young people.

Furthermore, the study highlights gender disparities in attitudes toward condom use, with males being more resistant to consistent condom use compared to females. This finding is supported by research from Kabwe and Mulenga (2017), which shows that men are more likely to associate condom use with mistrust or lack of commitment in a relationship, thereby leading to lower usage rates. Gender-specific interventions that address these misconceptions are necessary to improve condom use among young men, particularly in urban settings like Kalingalinga.

The inconsistency between condom knowledge and practice is concerning, as it directly contributes to the continued spread of STIs. Efforts to promote condom use should focus not only on educating youth about the benefits but also on addressing social and psychological barriers that prevent consistent use. Kalinda and Bwalya (2019) propose that peer-led interventions and youth-friendly sexual health services could help in normalizing condom use and reducing stigma among young people.

5.5 Influence of Social and Environmental Factors

Peer pressure was identified as a major social factor influencing sexual behavior, with 59.4% of respondents reporting that their peers significantly influenced their sexual decisions. This finding is consistent with research by Mulenga (2019), who emphasizes that in urban settings where formal sexual education is often inadequate, peer groups play a central role in shaping attitudes and behaviors. Youth are more likely to engage in risky sexual practices if they perceive these behaviors as acceptable or normative within their social circles.

Additionally, the study found that 51.6% of respondents had limited access to sexual health information. This lack of information is a significant barrier to safe sexual practices, as young people without accurate knowledge are less equipped to make informed decisions regarding their sexual health. Mumba (2020) argues that increasing access to sexual health education, both in schools and through community outreach programs, is essential for reducing STI rates in high-risk populations.

Environmental factors, such as the socio-economic challenges faced by the youth in Kalingalinga, also contribute to risky sexual behaviors. High unemployment rates and poverty may drive some young people to engage in transactional sex, further increasing their vulnerability to STIs. This is consistent with findings from Simwanza et al. (2018), who found that economic hardship is a key driver of risky sexual behaviors in urban Zambian communities. Addressing the broader socio-economic determinants of health is therefore crucial for reducing the spread of STIs in Kalingalinga.

5.6 Implications for Public Health

The findings of this study have several implications for public health policy and practice in Kalingalinga and similar urban communities. First, there is a need for more comprehensive and youth-centered sexual health education programs that go beyond HIV to address the full spectrum of STIs. These programs should be tailored to the specific needs and challenges faced by urban youth, with a focus on empowering them to make informed decisions about their sexual health.

Secondly, interventions aimed at increasing condom use must address both the knowledge gap and the social barriers that prevent consistent use. Peer-led initiatives and gender-sensitive programs could play a crucial role in normalizing condom use and reducing the stigma associated with it, particularly among young men.

Finally, addressing the socio-economic factors that contribute to risky sexual behaviors, such as unemployment and lack of education, is essential for reducing STI rates. Youth empowerment programs that provide economic opportunities, life skills, and sexual health education could significantly improve both the economic and health outcomes of young people in Kalingalinga.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study sought to determine the risk factors associated with the increased incidence of sexually transmitted infections (STIs) among youth aged 15-24 years in Kalingalinga Ward 2. The findings revealed that risky sexual behaviors, including unprotected sex, early sexual debut, and having multiple sexual partners, are significant contributors to the high STI rates in this community. Additionally, the study identified knowledge gaps regarding less-publicized STIs like syphilis and herpes, despite high awareness levels of HIV and gonorrhea. Attitudes towards condom use, though positive in theory, were inconsistent in practice, with socio-cultural factors and peer influence playing a pivotal role in shaping youth sexual behaviors.

Social and environmental factors, such as peer pressure, lack of access to sexual health information, and socio-economic hardships, were also found to significantly influence youth sexual decision-making. These factors, coupled with limited access to affordable and youth-friendly sexual health services, exacerbate the risk of STI transmission. The results underscore the complexity of STI prevention in urban, low-income settings like Kalingalinga, where public health interventions must address both individual behaviors and broader socio-economic determinants of health.

In summary, while youth in Kalingalinga have some knowledge of STIs and prevention methods, risky behaviors persist due to a combination of social, cultural, and economic pressures. Addressing these multifaceted challenges will require comprehensive, context-specific strategies to reduce the spread of STIs among this vulnerable population.

6.2 Recommendations

Based on the findings of the study, the following recommendations are made to reduce the incidence of STIs among youth in Kalingalinga Ward 2:

6.2.1 Strengthening Sexual Health Education

- **Comprehensive Sexual Health Programs:** There is a need to expand sexual health education programs that cover a broader range of STIs, including syphilis, herpes, and HPV, alongside HIV. These programs should emphasize the importance of consistent

condom use, the risks of having multiple sexual partners, and the impact of early sexual debut.

- **School-Based Interventions:** Educational initiatives targeting adolescents in schools should be strengthened to provide timely and accurate information about sexual health, helping to delay sexual initiation and promote safe sexual practices.
- **Community Outreach:** Health campaigns should involve community outreach programs that deliver sexual health education in culturally sensitive ways. This can be done through partnerships with local leaders, health professionals, and youth-focused organizations to ensure the message reaches all segments of the population.

6.2.2 Promoting Condom Use and Safe Sexual Practices

- **Youth-Friendly Services:** Sexual health services should be tailored to meet the specific needs of young people, offering easy access to condoms and other contraceptives in a confidential and non-judgmental environment.
- **Peer-Led Education Programs:** Peer educators can play a critical role in promoting condom use and addressing misconceptions. Engaging youth in disseminating health messages can help normalize safe sexual practices and reduce stigma associated with STI prevention methods.
- **Cultural Sensitivity in Messaging:** Public health messages should be culturally sensitive, acknowledging and addressing prevailing myths and misconceptions about STIs and contraception, especially among male youth who may view condom use negatively.

6.2.3 Addressing Socio-Economic Determinants of Health

- **Economic Empowerment Programs:** Unemployment and poverty are significant contributors to risky sexual behaviors, including transactional sex. Initiatives that provide vocational training and employment opportunities for youth can help reduce their reliance on high-risk behaviors to meet financial needs.
- **Life Skills and Empowerment Programs:** Programs aimed at improving life skills and promoting self-confidence among youth can help them resist peer pressure and make more

informed decisions about their sexual health. These programs should include decision-making, negotiation, and refusal skills training.

6.2.4 Reducing Stigma and Increasing Access to Mental Health Services

- **Community Education to Reduce Stigma:** Tackling the stigma surrounding STIs and condom use requires community-wide education. Engaging influential community figures, including religious and traditional leaders, can help change negative perceptions and encourage more open discussions about sexual health.
- **Improving Access to Health Services:** Health facilities in Kalingalinga should be better equipped to provide STI screening and treatment services that are affordable and accessible to all youth. Mobile clinics and outreach services could help reach those who are unable to access health centers due to cost or distance barriers.

6.3 Policy Implications

The findings of this study have several implications for public health policies at both the local and national levels.

- **Integration of STI Prevention into Existing Health Programs:** Sexual health services in urban areas like Kalingalinga should prioritize STI prevention as part of broader health initiatives, with a focus on addressing high-risk behaviors through education, counseling, and treatment.
- **Youth-Friendly Health Services Policy:** Policymakers should consider developing specific guidelines to ensure that sexual health services are youth-friendly, accessible, and tailored to the unique needs of young people in high-risk urban areas.
- **Support for Comprehensive Sexual Health Curricula:** Education policies should ensure that comprehensive sexual health education is mandatory in schools, with a curriculum that reflects the diverse health risks and socio-economic realities faced by young people in urban and rural communities.

6.4 Suggestions for Future Research

While this study has provided valuable insights into the risk factors for STIs among youth in Kalingalinga Ward 2, further research is recommended in the following areas:

- **Longitudinal Studies on Sexual Behavior and Health Outcomes:** Future research could focus on tracking sexual behaviors and health outcomes over time to better understand how youth sexual practices evolve and how interventions can be tailored for long-term effectiveness.
- **Exploring Gender-Specific Risk Factors:** A more detailed investigation into gender differences in STI knowledge, attitudes, and behaviors would provide important insights into how interventions can be designed to meet the specific needs of young men and women.
- **Interventions Addressing Socio-Economic Drivers:** Research into the effectiveness of economic empowerment programs in reducing risky sexual behaviors would provide evidence for the design of multi-sectoral interventions that target both health and socio-economic challenges in high-risk communities.

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APPENDICES

QUESTIONNAIRE

Demographics

1. What is your age?
    - A. 18-20 years
    - B. 21-23 years
    - C. 24-27 years
2. Gender:
    - A. Male
    - B. Female
    - C. Non-binary / Other
3. What is your current year of study?
    - A. Freshman/First year
    - B. Sophomore/Second year
    - C. Junior/Third year
    - D. Senior/Fourth year or higher
4. What is your field of study?
    - A. Arts and Humanities
    - B. Social Sciences
    - C. Natural Sciences
    - D. Engineering
    - E. Health Sciences

- F. Business and Economics
- G. Other (please specify)

Mental Health Status:

5. In the past month, how often have you experienced symptoms of depression?
    - A. Not at all
    - B. Rarely
    - C. Sometimes
    - D. Often
    - E. Very often
6. Have you ever been diagnosed with a mental health disorder?
    - A. Yes
    - B. No
7. Are you currently receiving treatment or counseling for a mental health issue?
    - A. Yes
    - B. No

Academic Stressors:

8. How would you rate your level of academic stress?
    - A. Low
    - B. Moderate
    - C. High
    - D. Very high
9. Which of the following academic stressors do you experience? (Select all that apply)
    - A. Heavy workload

- B. Pressure to perform well academically
- C. Difficulty balancing academics with other responsibilities
- D. Financial concerns
- E. Difficulty understanding course material
- F. Other (please specify)

Social Support:

10. Do you feel you have a strong support network of friends and family?
    - A. Yes, very strong
    - B. Yes, somewhat strong
    - C. No, not very strong
    - D. No, not at all
11. How comfortable are you reaching out for help when you're feeling overwhelmed or distressed?
    - A. Very comfortable
    - B. Somewhat comfortable
    - C. Not very comfortable
    - D. Not at all comfortable

Suicidal Ideation:

12. Have you ever seriously considered attempting suicide?
    - A. Yes
    - B. No
13. In the past year, have you made any plans to attempt suicide?
    - A. Yes

- B. No

14. Have you ever attempted suicide?
    - A. Yes
    - B. No
15. Do you know someone who has attempted or died by suicide?
    - A. Yes
    - B. No

Help-Seeking Behavior:

16. Have you ever sought help from a mental health professional or counselor?
    - A. Yes
    - B. No
17. If you answered "Yes" to the previous question, did you find the support helpful?
    - A. Yes, very helpful
    - B. Yes, somewhat helpful
    - C. No, not very helpful
    - D. No, not at all helpful

Personal Coping Strategies:

18. Which of the following strategies do you use to cope with stress? (Select all that apply)
    - A. Exercise
    - B. Meditation or mindfulness
    - C. Talking to friends or family
    - D. Engaging in hobbies or creative activities
    - E. Seeking professional help

- F. Substance use (alcohol, drugs)
- G. Other (please specify)

Campus Resources:

19. Are you aware of mental health resources available on campus?
    - A. Yes
    - B. No
20. Have you ever utilized mental health services provided by your university?
    - A. Yes
    - B. No

Attitudes Towards Mental Health:

21. Do you believe there is stigma associated with seeking help for mental health issues?
    - A. Yes
    - B. No
22. Have you ever experienced discrimination or negative treatment due to a mental health condition?
    - A. Yes
    - B. No

Life Satisfaction:

23. How satisfied are you with your overall quality of life?
    - A. Very satisfied
    - B. Somewhat satisfied
    - C. Neither satisfied nor dissatisfied
    - D. Somewhat dissatisfied

- E. Very dissatisfied

Additional Questions:

24. Is there anything else you would like to share about your experiences with mental health or suicidal thoughts/behaviors?
25. How do you think universities can better support students' mental health and well-being?